



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Perriann M. Holden) Art Unit: 3765
Serial No.: 09/910,641) Attorney
Filed: July 20, 2001) Docket No.: 810101-1
Title: Protective Attachment)
)
)
)

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m.e.
11-14-3

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AMENDMENT AFTER FINAL REJECTION TECHNOLOGY CENTER R3700

Assistant Commissioner for Patents
Washington, D.C. 20231

Attention: Alissa Hoey
Examiner
(703) 308-6094

Dear Sir or Madam:

Responsive to the Office Action mailed October 3, 2003, and the Advisory Action mailed October 31, 2003 please amend the above-identified patent application as follows:

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on Nov. 8, 2003 (Date)

Typed or printed name of person signing this certificate: JERRY R. POTTS

Signature

NOV 10 2003

AF/3765



PTO/SB/21 (08-03)
 Approved for use through 08/30/2003. OMB 0651-0031
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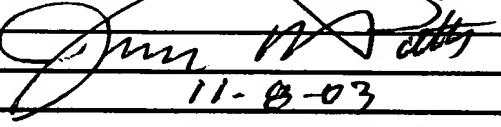
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/910,641
		Filing Date	July 20, 2001
		First Named Inventor	PERRIANN HOLDEN
		Art Unit	3765
		Examiner Name	ALISSA HOEY
Total Number of Pages In This Submission	17	Attorney Docket Number	810101-1

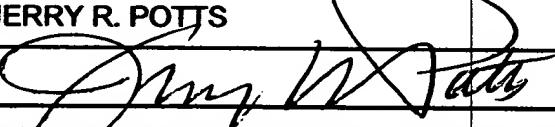
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): FEE DETERMINATION SHEET

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	LAW OFFICE OF JERRY R. POTTS	
Signature		
Date	11-08-03	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	JERRY R. POTTS	
Signature		Date 11-08-03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

810101-1

CLAIMS AS FILED - PART I		
(Column 1)		(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = •		
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = •		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY	OR
RATE	FEES
\$ _____	
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OTHER THAN SMALL ENTITY	RECEIVED
RATE	FEES
\$ _____	
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

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CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	*	Minus **	= 0
	Independent (37 CFR 1.16(b))	*	Minus ***	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	OR
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	ADDITIONAL FEE
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	*	Minus **	= 0
	Independent (37 CFR 1.16(b))	*	Minus ***	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)	(Column 3)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	
	Total (37 CFR 1.16(c))	*	Minus **	=
	Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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